

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004999 (7)

1. Corporation Name

DEAN'S RESERVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **2301 MAITLAND CENTER PKWY., STE. 130 MAITLAND FL 32751**
Mailing Address: **2301 MAITLAND CENTER PKWY., STE. 130 MAITLAND FL 32751**

3. Date Incorporated or Qualified: **10/19/1995**
3a. Date of Last Report

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: **59-3363478**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SHIRES, DONALD E
2301 MAITLAND CENTER PKWY., STE. 130
MAITLAND FL 32751~~

81 Name: **RONDEAU, PATRICK E.**
82 Street Address (P.O. Box Number is Not Acceptable): **5295 TOWN CENTER ROAD**
83: **SUITE 400**
84 City: **BOCA RATON** FL 85 Zip Code: **33486**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Patrick E. Rondeau* **PATRICK E. RONDEAU, PRESIDENT, SECRETARY**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GUY, DAVID L	
STREET ADDRESS	2301 MAITLAND CENTER PKWY., STE. 130	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RONDEAU, PATRICK E	
STREET ADDRESS	5295 TOWN CENTER RD., STE. 400	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SHIRES, DONALD E	
STREET ADDRESS	2301 MAITLAND CENTER PKWY., STE. 130	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MURRAY, ALAN L.	
13 STREET ADDRESS	5295 TOWN CENTER ROAD, STE 400	
14 CITY-ST-ZIP	BOCA RATON, FL 33486	
21 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	RONDEAU, PATRICK E.	
23 STREET ADDRESS	5295 TOWN CENTER RD., STE. 400	
24 CITY-ST-ZIP	BOCA RATON, FL 33486	
31 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	ROSCHER, DANIEL C.	
33 STREET ADDRESS	5295 TOWN CENTER ROAD, STE. 400	
34 CITY-ST-ZIP	BOCA RATON, FL 33486	
41 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	DEVOR, DONNA L.	
43 STREET ADDRESS	2301 MAITLAND CENTER PKWY., STE. 130	
44 CITY-ST-ZIP	MAITLAND, FL 32751	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patrick E. Rondeau* **PATRICK E. RONDEAU** 1/31/96 407-361-2705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Evening Phone #

CR2E037 (12/95)